STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395609	A. BLDG: 00 B. WING:	03/20/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
ROUSE- WARREN COUNTY HOME STATE LICENSE NUMBER: **181702**	**701 ROUSE AVENUE** **YOUNGSVILLE, PA 16371**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on an Abbreviated Complaint Survey completed on March 20, 2023, it was determined that Rouse Warren County Home was not in compliance with the following Requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		
F 0580 SS=D		F 0580		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0580 SS=D	Continued from page 1 483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this	F 0580	This Plan of correction constitutes our written allegation of compliance for the deficiencies cited. However, submission of the Plan of Correction is not an admission that a deficiency exists. This Plan of correction is submitted to meet requirements established by state and federal law. The facility cannot retroactively correct deficiency. R2 plan of care was reviewed, no new orders or plan of care changes. Resident and responsibly party updated with current plan of care. DON/Staff educator will re-educate staff on policy "Changes in Resident Status, Physician and Responsibly Party Notification." Will notify the resident resident's attending physician and responsible party immediately in the event of a change in status. This will be monitored via audits completed by NHA/DON or Designee on all residents with wounds to ensure resident, resident responsible party and primary physician notification of status change has been completed timely.	Completion Date: **04/28/2023** Status: **APPROVED** Date: **03/31/2023**

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F 0580 SS=D	Continued from page 2 section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by:	F 0580	Audits will be completed Two (2) times per week x Two (2) weeks. Weekly (1) time per week x Two (2) weeks. Bi-Weekly x Four (4) weeks. Monthly x Two (2) months The results of these audits will be reviewed by facility Quality Assurance Performance Improvement team for further recommendations and continued compliance.	

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F 0580 SS=D	Continued from page 3 Based on review of facility policy and clinical records, it was determined that the facility failed to notify the resident's representative of a change in condition and/or treatment for one of five residents reviewed with facility acquired pressure ulcers (Resident R2). Findings include: Review of the facility policy entitled "Change in Resident Status, Physician and Responsible Party Notification" dated 1/6/23, stated to ensure timely notification of the resident's physician and responsible party in the event of a change in status or incident. Review of Resident R2's clinical record revealed that on 1/2/23, Resident R2 complained of heel pain and was assessed, discoloration was noted, the heels were offloaded, and skin prep was applied: the RN supervisor was notified of this change and noted staff will continue to monitor. On 1/6/23, Resident R2 started with on-site wound care, new	F 0580		

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F 0580 SS=D	Continued from page 4 orders were put in place and weekly evaluations were conducted by a certified wound nurse practitioner. Wound care orders, interventions, and dietary supplements were adjusted appropriately to help promote healing. The clinical record lacked evidence that Resident R2's representative was notified of the change in condition and/or treatment. 28 Pa. Code 201.14(a)(c) Responsibility of licensee 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.12 (d)(1)(5) Nursing services	F 0580		

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F 0580 SS=D	Continued from page 5	F 0580		

Certified End Page

ROUSE- WARREN COUNTY HOME

STATE LICENSE NUMBER: 181702

SURVEY EXIT DATE: 03/20/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi
Deputy Secretary for Quality Assurance

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY